
**TAX FRAUD INVESTIGATIONS DIVISION
FRAUD INFORMATION REPORT**

Taxpayer / Business Name:	Address:
Telephone and Cell Numbers:	Tax Years and Type of Tax: (<i>PIT, CRS, etc.</i>)
DOB/SSN/CRS Identifiers:	Source of Information:
Prepared by: Phone #:	Date:

Briefly describe the facts of the alleged violation – who, what, when, where and how.
Attach another sheet if needed.

Specific years involved in allegation.

Describe the books and records of the business, if known.

List name and address of bank(s) and/or financial institution(s) used by taxpayer, if known.

Describe the taxpayer's lifestyle, how and where do they spend their money?

For help and information regarding items to be completed on this form call Barry Wilson, Forensic Audit Manager at 505-841-5542, FAX 505-841-5581, E-Mail barry.wilson@state.nm.us, address PO Box 8487, Albuquerque, NM 87198-8487.